

AFFIDAVIT OF ACCRUED ARREARAGES
G.S. 97-87(d)

IC File # _____

Emp. Code # _____

Carrier Code # _____

Employer FEIN _____

The I.C. File # is the unique identifier for this injury. It will be provided by return letter and is to be referenced in all future correspondence.

The Use Of This Form Is Required Under The Provisions of The Workers' Compensation Act

I.C. No. _____; _____, Employee, Plaintiff; v. _____,
Employer; and _____ Carrier; Defendants.

The undersigned, being first duly sworn, deposes and says:

1. The Certificate of Accrued Arrearages or a certified copy of the award which is attached to this affidavit has become final and the time for making payment under the award has expired.

(Affiant may add any further necessary information):

2. All appeal rights of the liable parties have expired.

This the ____ day of _____, 20__.

Signature: ☐ Claimant ☐ Attorney

Address _____

City, State, Zip Code _____

Telephone _____

Sworn to and subscribed before me
this ____ day of _____, 20__.

Notary Public
My Commission Expires: _____